	TE / OFFICEHOLDER 6885 N FINANCE REPORT	1-800-325-8506 FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	Guide explains how to complete this form. 1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MI	OFFICE USE ONLY
NAME	Marin L. NICKNAME LAST SUFFIX Canchola	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE	Date Hand-delivered or Date Postmarked
Change of Address	Austin, Texas 78704	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION $(5/2)$ 443.7400	Receipt # co Amount)
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI Anne NICKNAME LAST SUFFIX	Date Processed Date Imaged
	McAfec	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY: STATE;	ZIP CODE
8 CAMPAIGN	ANSTITUTELLAS 78786 AREA CODE PHONE NUMBER EXTENSION	
TREASURER PHONE	(512) 327-0854	
9 REPORTTYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 Sth day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month Day O2/24/2008 THROUGH O6/30	Year
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year	
	Primary Runoff	General Special .
12 OFFICE	OFFICE HELD (If any) 13 OFFICE SOUGHT (If known Trivis County Constitle, Pet 4	ור
14 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures made by others without Candidates are required to disclose this information only if they receive notification of	
EXPENDITURE BY OTHER INDIVIDUALS	Name	
	Address / PO Box; Apt. / Suite #; City; State: Zip Code	
additional pages		
	GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Maria	L. Canchola	6 ACCOUNT # (Ethics Commission Filers)	
17 NOTICE FROM POLITICAL COMMITTEE(S)	•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required this information only if they receive notice of such expenditures.			
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1729.73	
·		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3044.73	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ 725.74	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3857.98	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DATE	\$ 1909.48	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$ 23,764.58	
Notar My	GRACE L. SOLIZ y Public, State of Texa Commission Expires March 06, 2011	I swear, or affirm, under penalty of perist true and correct and includes all informe under Title 15, Election Code.		
AFFIX NOTARY STAMP Swern to and subscrib	/ SEAL ABOVE	Signature of Candid	ate or Officeholder this the day	
of Man	to cert	ify which, witness my hand and seal of office.	dary	
Signature of officer adr	ninistering oath	Printed name of officer administering oath Title	e of officer administering oath	

POLITICAL CONTRIBUTIONS

SCHEDULE A

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A:	
2 FILER NAI	ME Maria L. Canchola	į	3 ACCOUNT# (EIR	nics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
2/23/08	6 Contributor address; City; State; Zip Cod 44/1 Deve Janings D Austin, TX 78744	e), ,	\$/00.00	Antograph UT Football and Baschell
9 Principal occ	supation / Job title (See Instructions)	10 Employer (See	<u> </u>	of Texas, complete Schedule T)
Date	Full name of contributor Out-of-stale PAC (ID#_ BCFHA DC 16 CAG2		Amount of contribution (\$)	In-kind contribution description (if applicable)
2/23/08	Contributor address; City; State; Zip Code		\$30.00	movie Bûsket
Principal occ	Wyle, Texts 786 upation / Job title (See Instructions)	Y © Employer (See I		f Texas, complete Schedule T)
Date	Full name of contributor	200,000	Amount of contribution (\$)	In-kind contribution description (if applicable)
2/23/28	Contributor address; City; State; Zip Code 2906 G.cm Circle	e	\$150.00	Cheese & wine. Basket
	Anstry, Todas	Employer (See I	(If travel outside o	f Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)			
	upation / Job title (See Instructions)	Zinployer (ecc)		
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Full name of contributor out-of-state PAC (ID#:		contribution (\$)	description (if applicable)
Date	Full name of contributor out-of-state PAC (ID#:		contribution (\$)	
Date	Full name of contributor out-of-state PAC (ID#:	Employer (See In	(If travel outside of natructions) Amount of contribution (\$)	description (if applicable) f Texas, complete Schedule T) In-kind contribution description (if applicable)
Principal occu	Full name of contributorout-of-state PAC (ID#:	Employer (See In	(If travel outside of netructions) Amount of contribution (\$)	description (if applicable) f Texas, complete Schedule T) In-kind contribution

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A: The Instruction Guide explains how to complete this form. 2 0 4 4 2 FILER NAME Maria L. Can Mola Date 5 Full name of contributor Out-of-state PAC (ID#: 8 In-kind contribution description (if applicable) 7 Amount of contribution (\$) 3/11/08 6 Contributor address; City: State; Zip Code 417 Clarke st. \$50.00 Principal occupation / Job title (See Instructions) 7 / Clark 5 37 (If travel of the Instructions) 10 Employer (See Instructions) (If travel outside of Texas, complete Schedule T) Full name of contributor ul-of-state PAC (ID#:_ Amount of In-kind contribution contribution (\$) description (if applicable) Vanu brown Contributor address; City; State; Zip Code 6403 Lakewood Dr. \$75.00 Principal occupation / Job title (See Instructions) Austria, Texas 7873/ (If travel of travel of travel of the second of the se (If travel outside of Texas, complete Schedule T) Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) Contributor address; City; State; Zip Code \$60.00 Principal occupation / Job title (See Instructions) Sept. S (If travel outside of Texas, complete Schedule T) Amount of In-kind contribution Contributor address; City; State; Zip Code contribution (\$) description (if applicable) \$50.00 4522 Avenue F Principal occupation / Job title (See Instructions) | Employer (S (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Amount of In-kind contribution contribution (\$) | description (if applicable) Sarah Campbell Contributor address; City; State; Zip Code \$50.00 1201 Woodland Ave Austin, Texas 78704 (if travel outside of Texas, complete Schedule T) Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL CONTRIBUTIONS

SCHEDULE A

(512) 463-5800

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:		
2 FILER NAM	ME Maria L. Cancholi	i Á	3 ACCOUNT # (EII	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_	/	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/11/08	6 Contributor address; City; State; Zip Code 2322 Townes La,	e	4100-00	
	Austin Texas 7870	3	(If travel outside o	of Texas, complete Schedule T)
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/ /	Contributor address; City; State; Zip Code			
3/11/08			\$100.00	
Dain dia al anno	Austin, Texas 7800			f Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions)	Employer (See I	Instructions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/11/08	Contributor address; City; State; Zip Code		\$ 100.00	
	Austin, Texas 78			f Texas, complete Schedule T)
Principal occu	upation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/11/08	Contributor address; City; State; Zip Code		#250.00	
	Austin, Texas 78704		(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See li	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
3/11/08	Contributor address; City; State; Zip Code 2618 E. 7 H St.		Succession (\$)	description (if applicable)
	Austin Texas 7870	2.	(If travel outside of	Texas, complete Schedule T)
	The strike, I was	5		

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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

Texas Ethics (Commission P.O. Box 12070 Austin. T	oves 79711 2070	(E10) 460	-5800 1-800-325-8506
POLIT	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS	(512) 463	SCHEDULE A
The Instruct	tion Guide explains how to complete this form.		1 Total pages Sch	edule A:
2 FILER NAI	Maria L. Cunchala		3 ACCOUNT # (EI	hics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_	·	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/22/08	6 Contributor address; City; State; Zip Code 2311 willow Sf.		\$50,00	
	Austin, Texas 787	002	(If travel outside	of Texas, complete Schedule T)
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See	Instructions)	the Manufacture of the State of the Land o
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
	1		1	
			(If travel outside o	of Texas, complete Schedule T)
Principal occ	upation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Principal occi	upation / Job title (See Instructions) Full name of contributorout-of-state PAC (ID#:	Employer (See		In-kind contribution description (if applicable)
akang anaga paganan at pandipa ana paganan pagana		Employer (See	Instructions) Amount of	In-kind contribution
akang anaga paganan at pandipa ana paganan pagana	Full name of contributorout-of-state PAC (ID#:	Employer (See	Amount of contribution (\$)	In-kind contribution
Date	Full name of contributorout-of-state PAC (ID#:	Employer (See	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City: State; Zip Code)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date Principal occu	Full name of contributor)	Amount of contribution (\$) (If travel outside constructions)	In-kind contribution description (if applicable) Texas, complete Schedule T)
Date Principal occu	Full name of contributor)	Amount of contribution (\$) (If travel outside constructions) Amount of contribution (\$)	In-kind contribution description (if applicable) If Texas, complete Schedule T) In-kind contribution description (if applicable)
Date Principal occu	Full name of contributor)	Amount of contribution (\$) (If travel outside of contribution (\$)) Amount of contribution (\$)	In-kind contribution description (if applicable) Texas, complete Schedule T)
Date Principal occu	Full name of contributor	Employer (See	Amount of contribution (\$) (If travel outside of contribution (\$)) Amount of contribution (\$)	In-kind contribution description (if applicable) If Texas, complete Schedule T) In-kind contribution description (if applicable)
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If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

(512) 463-5800

Austin, Texas 78711-2070

POLITICAL EXPENDITURES SCHEDULE F 1 Total pages Schedule F: The Instruction Guide explains how to complete this form. 10F 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Maria L. Canchola 5 Payee name Amount 4 Date Victor Sunh 2/19/08 6 Payee address; City; State; Zip Code 10807 THAYTON Rd. \$240-00 AUSTIN. TR 78747 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Office held Candidate / Officeholder name Early voting help (If travel outside of Texas, complete Schedule T) Amount Payee address; City; State; Zip Code 10807 THAXTON Rd. Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office held Early Voting help (If travel outside of Texas, complete Schedule T) Amount Payee address; City; State; Zip Code 4032 Sout Lamar Ste 500 B362.70 Austin Texas 78704 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name Office held Office sought Robo Calls (If travel outside of Texas, complete Schedule T) Payee name Sam S Club Payee address; City; State; Zip Code S107 S IH 35 Amount \$/62.96 Austin Texas 78744 Purpose of payment (See instructions regarding type of information .. Complete if direct expenditure to benefit C/OH ... required.) Candidate / Officeholder name Office held Office sought for Election night (If travel outside of Texas, complete Schedule T) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission

POLITI	CAL EXPENDITURES		SCHEDULE F
The Instruc	ction Guide explains how to complete this form.	1 Tot	tal pages Schedule F:
2 FILER NAM	Maria L. Carchela	3 AC	COUNT # (Ethics Commission filers)
required.)	5 Payee name Sprint 6 Payee address; City; State; Zip Code for Bor 8077 London Ky G yment (See instructions regarding type of information	0742	7 Amount (\$) #//79.97 enditure to benefit C/OH •• Office sought Office held
i	de of Texas, complete Schedule T)		
Date 3/19/08	Payee name AWAC Payee address: City; State; Zip Code P. O. BOX 1138 Austin, Texas		Amount (\$)
required.) Fのr	ment (See instructions regarding type of information Mail Cor e of Texas, complete Schedule T)	•• Complete if direct expe Candidate / Officeholder name	enditure to benefit C/OH •• Office sought Office held
Date 4/10/08	Payee name Sam's Clab Payee address; City: State; Zip Code 5107 S FH 35	744	Amount (\$)
required.) Food (If travel outside	ment (See instructions regarding type of information Fig. 1	•• Complete if direct exper Candidate / Officeholder name	nditure to benefit C/OH •• Office sought Office held
Date	Payee name Sam's Club Payee address; City; State; Zip Code 5107 S. IH 35 Austin, Texas 7	8744	Amount (\$)
required.)	of Texas, complete Schedule T)	•• Complete if direct expen Candidate / Officeholder name	Office sought Office held

POLITICAL EXPENDITURES SCHEDULE F 1 Total pages Schedule F: The Instruction Guide explains how to complete this form. 3 of 3 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME Maria C. Canchola 5 Payee name L. East Poultry Co. 6 Payee address; City; State; Zip Code fo Box 6499 Amount Austin , Texas 78762 Purpose of payment (See instructions regarding type of information required.) · Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name Office held Food for Victor Park (If travel outside of Texas, complete Schedule T) Pavee name Amount Sam's Club City; State; Zip Code Payee address; \$67.73 5107 5. IH 35 Austin Texas 28244 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office held Office sought Food for Victory Party (If travel outside of Texas, complete Schedule T) Date Johnny Gonzales Payee address; City; State; Zip Code \$250.00 2000 Kenneth Auc Anstin, Texas 78741 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office held Music for Party (If travel outside of Texas, complete Schedule T) Payee name Doft-Co Ruddas Payee address; City; State; Zip Code Amount 1900 East Side Dr. Austin, Texas 78704 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Candidate / Officeholder name Office sought Office held payment on loan (If travel outside of Texas, complete Schedule T)

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